



6140 Horseshoe Bar Road, Suite K, Loomis, CA 95650
Telephone (916) 652-1840 ♦ Fax (916) 652-1847

This permit is not transferable to another individual or location.

I AGREE to notify the Town of Loomis if or when:

1. I abandon the home occupation.
2. I move.
3. Any changes take place, which were not specifically noted, in the original application.

The following conditions shall apply to all Home Businesses:

1. No signs shall be used on or off premises to identify the business or to solicit customers.
2. The business shall be conducted wholly within the dwelling unit or accessory building.
3. No exterior alterations shall be made to any structure to accommodate any business.
4. No persons other than residents shall be engaged in the business therein.
5. No public shall be coming to the home.
6. There shall be no outside storage of products or materials.
7. No equipment or machinery shall be use that causes noise, dust, vibrations, or other annoyances to surrounding neighbors.
8. No commercial vehicles shall be parked or stored on-site.
9. Off-street parking shall be provided for all vehicles and/or equipment.

NOTE

1. Upon the complaint of one or more of the surrounding neighbors, the Town Planning Department shall investigate any home business to ascertain if the conduct thereof violates the conditions of the permit.
2. Nothing in this section shall be construed to permit the conduct of a home occupation in violation of the conditions of the permit or to limit the rights of the Town to any action for a violation thereof, notwithstanding the acquiescence of surrounding neighbors to the manner in which the home occupation is conducted.

In receiving permission to conduct a business at _____,
I acknowledge that I have read the preceding, that I understand fully the conditions and terms of
the permit and that I agree to abide fully by all of the conditions recited above.

Pursuant to the Town of Loomis Code Title 5 Chapter 5.04

Print Applicant's Name _____ Date _____

Sign Applicant's Name _____ Date _____

Business Name (DBA)_____

Business Site Address_____ Zip_____

Business Address_____ Zip_____

Business Phone #_____ FAX_____

Email Address_____ Web site_____

Emergency Contact_____ Phone #_____

Business Owner (1)_____

Social Security#_____ - _____ - _____ Home Phone #_____

Business Owner (2)_____

Social Security #_____ - _____ - _____ Home Phone #_____

Type of Ownership: Sole Proprietorship_____ Partnership_____ Trust_____ LLC_____

Corporation_____ Sole Corporation_____ Professional Corporation_____ Non-Profit_____

Business Description_____ SIC#_____

Business Operating Days_____ Hours_____ Contractors License_____ / _____

Federal ID #_____ State ID #_____

State Board of Equalization #_____ Number of Employees_____

List all persons to be involved in the home business, relationship to you, and their place of residence

Apartment_____ Duplex_____ Single Family Home_____ Townhouse_____

Own_____ Rent_____

If renting, a letter of permission from owner to do business on site, **must be attached**.

فReceived Letter

Site plan of property with a dimensional drawing of floor plan of home showing business site, **must be attached**.

فReceived Drawing

Property Owner _____ Phone _____

Will your business involve a customer coming to your home? YES____ NO____

Will you use CB radio or other transmitting equipment? YES____ NO____

If yes how many?_____ Are you regulated or governed by the F.C.C.? _____

List all call numbers of radios or other transmitting devices _____

List the different types of machinery or equipment and materials that will be used in conjunction with the home business and where they will be located, connected, and/or stored. _____

Will there be outside storage of products or materials? YES_ NO____

If **yes** describe _____

Will a truck be used in conjunction with the home business? _____

LIC. No.

Type

Size

Gross Weight

Height

Is the truck controlled by the Public Utility Commission regulations? YES____ NO____

How many cars are presently registered with DMV for the address where the business will be conducted? _____

Lic. No.: _____

Make: _____

Year: _____

Does the business store any flammable or combustible fluids? YES____ NO____

If **YES**: Location: _____

Type: _____

Amount: _____

Fire Department approval will be required for any storage of Flammable and/or Combustible fluids.

Loomis Fire Department _____

Signature

Title

I understand that because a business may be permitted to be conducted within my home, that I could have my home inspected by building inspector and Fire Chief and/or any other department which may have governance or an interest in the health and safety of the occupants of the surrounding homes.

Upon the presentation of proper credentials, I agree to any and all necessary inspections.

Signed: _____

Signed: _____

Zoning _____ APN# _____

Amount Paid \$ _____ Receipt # _____ Date _____ By _____

Building Dept. _____ Planning Dept. _____ Loomis Fire _____

Placer Co. Env. Health _____ Placer Co. Sheriff _____

Placer Co. Air Pollution Control Dist. _____

Additional Conditions (official Use Only):
